



## OFFICIAL RESPONSES TO VENDOR QUESTIONS

### RFI-2020-NHH-01-CONST

#### General Questions

No.	Question	Answer
1.	Please verify or clarify that all new 100 beds within the Forensic Hospital will be for SPU patients.	The 100 beds would serve patients at NHH, SPU and the Laconia Designated Receiving Facility.
2.	Does the state have any land in mind that would be acceptable to build the new Forensic Hospital if that was the route taken?	Unknown
3.	Will the new facility need to be constructed in close proximity to the NHH and/ or SPU?	No
4.	Please describe the relationship between DHHS and DOC in managing and operating the new Forensic Hospital.	DOC will not be part of managing or operating the proposed new Forensic Hospital.
5.	Ideally, how many units will the 100 beds be broken down into within the new Forensic Hospital? If the patient or acuity breakdown for each unit is known, please indicate.	Unknown
6.	Please verify or clarify, that if the new build option is taken, the new Forensic Hospital will have its own facility support services such as central kitchen, pharmacy, medical services, administration etc. and will run completely as a freestanding facility.	A new Forensic Hospital will need to have its own support services
7.	Please confirm or clarify that emergency or urgent medical issues at the new Forensic Hospital will be managed via contracts with local providers similar to how the SPU and NHH currently operate.	Emergency or medical needs that could not be met within the Forensic Hospital can be managed via contracts with local providers
8.	As a state project, what is New Hampshire's	The order of approval for all contract with the state is: Information



No.	Question	Answer
	approval process for a) new construction project or b) an addition to the existing facility	Security Office/Privacy Office, Contracts Unit, Programs, Commissioners, Attorney General's Office, Department of Administrative Services, Governor and Executive Council.
9.	Will the new forensic hospital seek Joint Commission accreditation or other accreditation?	As stated in the RFI, the new Forensic Hospital would need to be accredited by Joint Commission as an Acute Psychiatric Hospital
10.	Has the utilization or renovation of state owned (or other public sector owned) property been considered as a potential option for the project?	Nothing has been discussed
11.	Can patients with different commitment types attend programming and activities together? Are there any restrictions?	Yes, patients can attend programming together
12.	Do state vs civil commitment interact?	Yes
13.	Who performs the risk assessments?	Contracted vendors
14.	Does the NGRI statute dictate that the DOC has control over patient movement and privileges at NHH?	Yes, but the two agencies have worked collaboratively to set guidelines
15.	What is the age range of the patients that will be served?	Approximately 18-70 years
16.	What is the number of male and female patients that will be served?	This is not a static number.
17.	Please provide the number of competency evaluations completed each month and annually?	Unknown
18.	What accreditation(s) do the SPU, NHH, and LDRF currently have?	NHH – Joint Commission Accreditation as an Acute Psychiatric Hospital
19.	Who is responsible for transportation?	Needs to be more specific
20.	Is the state leaning toward renovation, state land, etc?	No preference
21.	During the site visit it was mentioned that DHHS is looking for vendors to provide all possible options for the state to include	See Addendum #3



No.	Question	Answer
	identifying land, potential vacant buildings, etc. In order to provide a thoughtful response, would the Dept. consider extending the RFI due date by one week?	

## OFFICIAL RESPONSES TO VENDOR QUESTIONS

### RFI-2020-NHH-01-CONST Secure Psychiatric Unit (SPU) Specific

No.	Question	Answer																																																																																											
1.	How is the facility at the SPU currently staffed?	With a compliment of specially trained corrections officers, registered nurses, psychiatric providers, social workers, psychologists per diem, licensed recreational therapist, behaviorist and other contracted services as necessary for the person’s care (e.g. ASL interpreter).																																																																																											
2.	What is the SPU census?	Average census is 53 - from 10/1/2017 through 9/30/2018.																																																																																											
3.	Average length of stay for patients at the SPU.	<div>Admissions/Discharges by Commitment Statute</div> <table><tr><th>FY2018</th><th colspan="2">622:45</th><th colspan="2">623:1</th><th colspan="2">651:9</th><th colspan="2">135-C</th><th colspan="2">135-E</th><th colspan="2">171-B</th></tr><tr><th></th><th>A</th><th>D</th><th>A</th><th>D</th><th>A</th><th>D</th><th>A</th><th>D</th><th>A</th><th>D</th><th>A</th><th>D</th></tr><tr><td>1st</td><td>1</td><td>3</td><td>9</td><td>9</td><td>0</td><td>1</td><td>4</td><td>1</td><td>0</td><td>0</td><td>1</td><td>0</td></tr><tr><td>2nd</td><td>0</td><td>1</td><td>8</td><td>18</td><td>0</td><td>0</td><td>2</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3rd</td><td>4</td><td>3</td><td>9</td><td>2</td><td>0</td><td>2</td><td>3</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>4th</td><td>0</td><td>1</td><td>13**</td><td>11</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>5*</td><td>8</td><td>39</td><td>40</td><td>0</td><td>3</td><td>10***</td><td>6</td><td>0</td><td>0</td><td>1</td><td>0</td></tr></table> <div>*of the 5 admissions for 622:45, there were 4 unique patients **of the 13 admissions for 623:1 in Q4, there were 12 unique patients ***of the 10 admission for 135-C, there were 8 unique patients</div>	FY2018	622:45		623:1		651:9		135-C		135-E		171-B			A	D	A	D	A	D	A	D	A	D	A	D	1st	1	3	9	9	0	1	4	1	0	0	1	0	2nd	0	1	8	18	0	0	2	2	0	0	0	0	3rd	4	3	9	2	0	2	3	2	0	0	0	0	4th	0	1	13**	11	0	0	1	1	0	0	0	0	Total	5*	8	39	40	0	3	10***	6	0	0	1	0
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Total	5*	8	39	40	0	3	10***	6	0	0	1	0																																																																																	
4.	How are patients admitted to the SPU?	Under numerous State RSA’s cited in the RFI.																																																																																											



No.	Question	Answer
5.	Are contact visits permitted at the SPU?	Yes. <a href="https://www.nh.gov/nhdoc/policies/documents/7-09.pdf">https://www.nh.gov/nhdoc/policies/documents/7-09.pdf</a>
6.	Please describe your infirmary unit	We have 6 rooms used for observation and monitoring – resources are deployed depending on the individual’s need for admission whether it is for medical care or acute psychiatric concerns regarding dangerous to self or others.
7.	Do patients in the SPU engage in work? If so, what kind of jobs and how much are they paid per hour?	We have a few job opportunities including kitchen/meals, tier workers and other duties. Our policy is on-line PPD 3.01 Offender RTU/SPU Pay System <a href="https://www.nh.gov/nhdoc/policies/documents/3-01.pdf">https://www.nh.gov/nhdoc/policies/documents/3-01.pdf</a>
8.	Where do SPU patients eat?	In the unit.
9.	Where do RTU people eat?	This population would not be part of the group moved to the construction proposed by the RFI.
10.	What do you do in a medical emergency?	We have a policy on-line PPD 6.47 which can be found at <a href="https://www.nh.gov/nhdoc/policies/index.html">https://www.nh.gov/nhdoc/policies/index.html</a>
11.	Do populations program together?	Women do not program with men. Programming is facilitated based on like clinical needs and appropriate behavior management.
12.	Are admissions scheduled?	Admissions are not planned; they are responses to emergent need and then triaged between the sending facility and the SPU.
13.	Is there a general physician available?	Yes, NHDOC employees a Chief Medical Officer and other provider services
14.	Is there an intake process?	Yes. We have a policy on-line PPD
15.	Is there an electronic health record in use?	Yes. TechCare
16.	What’s the protocol in case of fire?	We have a policy PPD 8.07 Fire and Emergency Planning and Response - attached



No.	Question	Answer
17.	Do you have a pharmacy on site?	Yes, the NHDOC has a licensed pharmacy.
18.	What are the requirements regarding the use of handcuffs for movement within the SPU?	Our policy on restraining devices is confidential.
19.	How many people can be in the common room at one time on the F unit at SPU?	We keep to a maximum of 10 patients at a time.
20.	Please provide a basic floor plan or layout of the SPU.	I cannot for security reasons but can offer a viewing for interested parties.
21.	How would you handle a flu epidemic? Do patients go to the infirmary?	We have handled a flu epidemic and use room containment, monitoring and cleaning precautions as the primary intervention. Further, we do offer flu shots to reduce these chances.
22.	Is there accreditation involved?	Recent legislation was passed HB1565 to attain NCCHC accreditation but it is not currently accredited.
23.	Are patients allowed to visit in patient's rooms?	No

## OFFICIAL RESPONSES TO VENDOR QUESTIONS RFI-2020-NHH-01-CONST New Hampshire Hospital (NHH) Specific

No.	Question	Answer
1.	How many forensic patients are at NHH?	Approximately 45
2.	What is the average length of stay?	Depends on legal status; NGRI: 6-10 years; IST: 1-2 years; patients with bail conditions: 30 days to one year.



No.	Question	Answer
3.	Is there any conditional release program following NGRI?	NGRI patients are conditionally discharged by Superior Court with stipulations (i.e., certain conditions must be followed to avoid readmission such as taking medication, keeping mental health appointments and other requirements similar to parole guidelines).
4.	Is NHH the 'stepdown' from SPU?	NHH is one of the step downs and is less restrictive than SPU.
5.	Do all individuals go to SPU first?	No. Some patients are transferred to SPU from NHH as a result of dangerous behavior to self or others that cannot be safely managed at NHH.
6.	Are there any incompetent to stand trial population at NHH?	Yes.
7.	Is NHH a secured facility?	NHH is a locked facility but not secured.
8.	Are assessments for IST done here? If not, who does them?	No. Office of Forensic Examiners administers Incompetent to Stand Trial assessments which may be administered at NHH.
9.	If someone is found 'not restorable' what happens?	Case is dismissed without prejudice. Sometimes patient is held for up to 90 days to determine if civil commitment is needed.
10.	Is it the state or the Facility who decides if an individual can be 'restored'?	Judge decides based on Office of Forensic Examiner's evaluation and/or agreement with the attorneys.
11.	Who does risk assessments of NHH patients?	Office of Forensic Examiners or DOC-selected MD's.
12.	Is there an option of sharing kitchens/support staff with DOC and/or NHH?	No.
13.	Would the state consider contracting with one vendor for construction and a different vendor for operations?	Yes.
14.	What is the current staff retention like? Is frontline staff at NHH similar to corrections officers?	Staff retention is steady. Frontline staff are trained in working with patients who have psychiatric disorders; frontline staff are not corrections officers.
15.	How many beds are forensic at NHH?	There are no designated forensic beds at NHH.



No.	Question	Answer
16.	How is mental health seclusion/restraint handled?	If a patient requires an intervention of seclusion or restraint, a registered nurse manages the initial intervention and contacts the doctor and provides clinical information about the patient's status. Within one hour, the nurse calls the doctor again to give an update of the patient's response to the intervention and makes recommendation to continue or discontinue the intervention.
17.	What is the average census at NHH?	160 patients
18.	What is the overall capacity at NHH?	168 beds
19.	Forensic patients going into the new forensic hospital would free up how many beds?	Approximately 45
20.	Where are court hearings/probate/guardianship hearings held?	NHH, other county probate courts, superior courts, district courts
21.	How do you handle visitation?	DOC approves visitors by conducting background checks and approves visitation schedule for NGRI's. Visitors for all others are approved by patient/guardian and are screened by security
22.	Are there common/shared areas that the patient populations share?	Patients on units share common areas unless they are restricted to a specific hallway, for example. Patients with privileges to be off unit without supervision may be in the building, on the grounds or in the community.
23.	How do you handle overflow?	Maximum capacity is 168 beds.
24.	How are individuals in DD facility handled?	NHH is not a DD facility.
25.	What outside facilities do you have available?	Transitional Housing Services, community residences via mental health centers.
26.	What follow up/stepdown care is provided to the patients?	Patients have probate commitments and are conditionally discharged to the community mental health centers for aftercare. Some patients are discharged to transitional housing services.
27.	Is there an increase in the need for forensic beds as of late? If so, why?	Yes. NHH continues to treat forensic patients (NGRI, IST and those with bail conditions) whose numbers are increasing. Reasons for this



No.	Question	Answer
		increase have not been evaluated.